Kansas Department of Corrections

Application For Visiting Privileges

Facility	and Address		Inmate To Be	Inmate To Be Visited			
			Name	Number			
Date: _							
of visiti		uestions must be answere oplication should be return		falsification could res			
1.	Name:(Mr./Mrs./Mis	s)			· · · · · · · · · · · · · · · · · · ·		
2.	Other Name Used:						
3.	Relationship To Inm	ate (Father, Wife, Friend					
4.	Current Contact Information:						
	S	treet	City	(State Zip)	
	Pr	none number					
5.	Driver's License: Sta	ate	Number				
6.	Date of Birth*: *NOTE: A certified copy	Soci of a birth certificate is required	ial Security # for each visitor under e	eighteen (18) years of age	<u> </u>		
7.	Are you approved to	o visit another inmate? No	o Yes				
If yes:_	Name		Number	Facility			
8.		n convicted of a criminal cowing:		•			
	Offense	Approximate Date		Dispositio	n		
9.	Are you on probatio	n or parole? No	Yes				

10.	Have you ever been, or are you currently, an employee of the Kansas Department of Corrections, an employee of any contractor to the Kansas Department of Corrections, or a volunteer within the Kansas Department of Corrections? No Yes					
	If yes, please provide the details of that past or present employment:					
11.	Were you a victim of the person you wish to visit or were any of your immediate family members under the age of 18 a victim of the person you wish to visit? No Yes (If YES, you must initiate this request through the Department' Victim Services.) Victim Services can be reached by writing to:					
	Office of Victim Services Kansas Department of Corrections 900 SW Jackson 4-N Topeka, KS 66612					
	or by calling, 1-866-404-6732.					
	WADNING					
	WARNING					
upon th correcti institutio "correcti correcti Traffic i 65-410	21-3826 provides that: (a) Traffic in contraband in a correctional institution is introducing or attempting to introduce into o le grounds of any correctional institution or taking, sending, attempting to take, or attempting to send from any onal institution or any unauthorized possession while in any correctional institution or distributing within any correctional on any item without the consent of the administrator of the correctional institution. (b) For the purposes of this section, tional institution" means any state correctional institution or facility, conservation camp, state security hospital, juvenile onal facility, community correction center or facility for detention or confinement, juvenile detention facility or jail. (c) in contraband in a correctional institution of firearms, ammunition, explosives or a controlled substance defined in K.S.A. 1(e), and amendments thereto, is a severity level 5, non-person felony. (d) Traffic in all other forms of contraband in a onal facility is a severity level 6, non-person felony.					
shall be this date shall be unless t	e March 17, 2003, all department facilities, offices, and grounds shall be tobacco-free, at which time all tobacco products a declared contraband in accordance with KSA 21-3826 (Traffic in Contraband in a Correctional Institution). On and after e, the use or possession of all tobacco products by any person is prohibited on department property. The only exception a for visitors to secure tobacco and tobacco-based products in their personal motor vehicles in the facility parking lot, they are intended for distribution within a facility. Violations of this policy may result in termination of visits, suspension of privileges, and/or possible prosecution.)					
	itor's possession of a cell phone on the grounds of a correctional facility [except within the confines of his or her vehicle] bited. Violation may result in termination of visits, suspension of visiting privileges, and/or possible prosecution.					
	Signature: Date:					

Form #10-113-001